

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
- ☐ This is an **amended*** Statement of Organization

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	9152
Indexed	
Audited	
Computer	DM

COMMITTEE NAME (Required by law)

GOP of Plymouth County

IMPORTANT: Indicate type of committee you are reporting for: County CENTRAL Committee
 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER (Required by law) This address used for all reminders and correspondence

COMMITTEE CHAIR (List additional officers on separate page)

Name SANDI FRAVEL
 Mailing Address 17073 C 60
 City, State Zip Code Sioux City, IA 51109
 Phone (712) 255-8986
 e-Mail edmulligan@netzero.net

Name _____
 Mailing Address _____
 City, State Zip Code _____
 Phone () _____
 e-Mail _____

INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)
 Comment or description:

All Candidates Enter:

Office Sought: _____

District: _____

Political Party (if applicable) _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____

Date of Election: _____

Bank Account Name GOP of Plymouth County
 Name of Financial Institution/type of Account FIRST NATIONAL BANK Checking
 Mailing Address PO Box 1230 111 Central Ave S.E.
 City Le Mars, IA State IA Zip 51031

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Mailing Address _____
 City _____ State _____ Zip _____
 Phone () _____
 e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

- (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
- (2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
- (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____
- (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
- (5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed

Date Signed